*								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/844658													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								L EI	YTTTY	OR	OTHER		
TC	TAL CLAIMS	· · · · · ·	0_5				RAT	ΓE	FEE	1	RATE	FEE	
FO	R	· · · · · · · · · · · · · · · · · · ·	NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	25 minus 20=		• 5		XS	9=		OR	X\$18=	90	
IND	EPENDENT CL	AIMS	6 minus 3 =		3		X40=			OR	X80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT							+13	E ·			+270=	<u> </u>	
* If the difference in column 1 is less than zero, enter "0" in column 2										OR OR	TOTAL		
CLAIMS AS AMENDED - PART II OTHER TH												THAN	
4/9/01 (Column 1) (Column 2) (Column 3)							SMA	\LL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREV	BER	PRESENT EXTRA	RA <sup>1</sup>	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	••		2	X\$	9=		OR	X\$18=		
	Independent	- ى	Minus	***		=	X40	)=\		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	±270=		
								TAL			TOTAL		<b>8</b>
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	FEE		2	ADDIT. FEE		BEST
AMENDMENT B		CLAIMS	· .	HIGH	IEST				ADDI-	1		ADDI-	7
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RAT	ΓE	TIONAL FEE		RATE	TIONAL FEE	AVAILA
	Total	•	Minus	40		=	X\$ 1	9=	1 22	OR	X\$18=	1 5 5	
	Independent	*	Minus	***		=	X40	)=		OR	X80=		BLE
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	070		
+135= TOTAL											+270= TOTAL		СОРУ
		ADDIT.			OR	ADDIT. FEE		₹					
	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS	1		mn 2) KEST	(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	4	Minus	••		=	X\$	—— 9=	rec	OR	X\$18=	, <u>, , e.e.</u>	
	Independent	•	Minus •••		=		X40	)_	ş		X80=	<b></b>	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		<b></b> -	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+270=	<u> </u>	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE													
		ber Previously Pa					found in t	те ар	propriate bo	x in col	umo 1.		

FORM PTO-875 (Rev. 8/00)

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